DO/EO BIBLIOGRAPHIC DATA ENTRY

RECEIPT DATE: SERIAL NUMBER: 09 / 445945 12 / 20 / 99 IA NUMBER: FCT/ EF98 / 03734 IA FILING DATE: 06 /18 / 98 FAMILY NAME: DELAY WAIVED (Y/N): WEH Υ, GIVEN NAME: DEMAND RECEIVED (Y/N): ERWIN PRIORITY CLAIMED (Y/N): Υ PRIORITY DATE: 06 / 18 / .97 NO BASIC FEE (Y/N): US DESIGNATED ONLY (Y/N): N ATTORNEY DOCKET NUMBER: KKFI34.001AP COUNTRY: EF X CORRESPONDENCE NAME/ADDRESS: CUSTOMER NUMBER: TELEPHONE. FAX

NAME: KNOBBE MARTENS OLSON & BEAR

STREET: 620 NEWPORT CENTER DRIVE

SIXTEENTH FLOOR

CITY: NEWPORT BEACH

STATE/COUNTRY: CA ZIP: 92660

EMAIL:

APPLICATION TITLES:

FILLING CONNECTION FOR A GAS BOTTLE VALVE

TAB TO LAST POSITION, PUSH SEND